

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

45th 5/2/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445393	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  03/16/2010
NAME OF PROVIDER OR SUPPLIER  BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the smoke barriers. National Fire Protection Association (NFPA) 101, 8.3.6.1</p> <p>The findings include:</p> <p>Observations on 3/16/10 at 10:43 a.m. revealed penetrations in the smoke barriers located in the following areas:</p> <ul style="list-style-type: none"> <li>a. The smoke barrier located in the attic above the fire doors in the front hall.</li> <li>b. The smoke barrier located in the attic above the fire doors next to room 119.</li> <li>c. The smoke barrier located in the attic above the fire doors next to room 216.</li> </ul> <p>These findings were acknowledged by the administrator and verified by the maintenance supervisor at the exit interview on 3/16/10.</p>	K 025	<p><b>K 025 NFPA 101 LIFE Safety Code Standard</b></p> <p>4/30/10</p> <ol style="list-style-type: none"> <li>1. The smoke barrier located in the attic above the fire doors in the front hall, next to room 119 and next to room 216 were all repaired.</li> <li>2. All residents in the facility have the potential to be affected.</li> <li>3. The smoke barriers in the attic will be inspected monthly and documented on environmental checklist. The Maintenance Director will report upon inspection if any areas identified to the Administrator/Designee.</li> <li>4. The environmental checklist will be completed monthly by the Maintenance Director and turned in to the Administrator. After contractors complete work assignment the Maintenance Director/Designee will inspect work area prior to leaving. Any repairs necessary to the smoke barrier will be repaired immediately. Findings will be discussed and forwarded to the monthly QA meeting.</li> </ol>	
K 052 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p>	K 052	<p><b>K 052 NFPA 101 LIFE SAFETY CODE STANDARD</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Col J Yang* NAB

*Administrator*

4-2-10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 052	Continued From page 1 A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This STANDARD is not met as evidenced by: Based on observation and testing it was determined the facility failed to maintain the fire alarm system.  The findings included:  Observations and testing of the main fire alarm panel on 3/16/10, at approximately 12:55 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible or visual trouble signals at the one of the nurses' station fire alarm's annunciator panel. National Fire Protection Association (NFPA) 72, 1-5.4.6  These findings were acknowledged by the administrator and verified by the maintenance supervisor at the exit interview on 3/16/10. NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA	K 052	1. A fire alarm service technician was called immediately to test the annunciator panel. An audio/visual panel was added to the existing annunciator panel to correct identified problems.  2. All residents in the facility have the potential to be affected.  3. The Annunciator Panel check is added to the Preventative Maintenance log. The Maintenance Director/Designee will test the Annunciator panel monthly. The Maintenance Director/Designee will immediately report mal-function of equipment to Fire Service Contractor and Administrator.  4. Maintenance Director/Designee will test the Annunciator panel monthly on different shifts. Fesco or current contract will check annunciator panel yearly. Any findings will be discussed and reported monthly Safety Meeting and at QA.		4/30/10
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA	K 062	K 062 NFPA LIFE SAFETY CODE STANDARD		

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K 062	<p>Continued From page 2 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Observation of patients' room 209 on 3/16/10 at 12:15 p.m. revealed the sprinkler located next to the bathroom was damaged. The sprinkler shall be replaced not repaired. National Fire Protection Association (NFPA) 25, 2-2.1.1</li> <li>2. Observations on 3/16/10 at 12:15 p.m. revealed corroded sprinklers located in the following areas: <ol style="list-style-type: none"> <li>a. The 3 sprinklers located in the service entrance canopy.</li> <li>b. The 4 sprinklers located in the soiled laundry area.</li> <li>c. The sprinkler located in the kitchen's refrigerator.</li> </ol> The sprinklers shall be replaced not cleaned. NFPA 25, 2-2.1.1</li> <li>3. Observation of patients' room 123 on 3/16/10 at 1:24 p.m. revealed the sprinkler's deflector was not parallel to the ceiling. NFPA 13, 5.5.4.2</li> <li>4. Records review on 3/16/10 at 3:15 p.m. revealed the facility was unable to provide documentation that the sprinkler system's annual inspection was conducted during 2009. NFPA 25, 2-2.1.1</li> </ol>	K 062	<ol style="list-style-type: none"> <li>1. The sprinkler repair technician was notified to inspect and replace the affected sprinkler heads. Sprinkler heads have been ordered to replace affected sprinkler heads.</li> <li>2. All residents in the facility have the potential to be affected.</li> <li>3. Maintenance Director/Designee will observe sprinkler heads during daily rounds to ensure Sprinkler heads are in compliance. Maintenance Director/Designee will report to the Administrator any Sprinkler heads that are identified as a concern.</li> <li>4. Safety Committee will perform a monthly walk through and report findings to the Administrator. Sprinkler heads will be checked quarterly by external sprinkler company. Any problems identified will be discussed at Safety Committee and QA meeting monthly.</li> </ol>		4/30/10

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K 062	Continued From page 3 These findings were acknowledged by the administrator and verified by the maintenance supervisor at the exit interview on 3/16/10.	K 062			
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the fire dampers located in the heating, ventilating and air conditioning system (HAVC).  The findings include:  Records review on 3/16/10 at 3:20 p.m. revealed the facility was unable to provide documentation that the HVAC fire dampers were inspected every 4 years. NFPA 90A, 3-4.7  These findings were acknowledged by the administrator and verified by the maintenance supervisor at the exit interview on 3/16/10.	K 067	K 067 NFPA 101 LIFE SAFETY CODE STANDARD  1. HVAC contractor was notified to inspect all HVAC fire dampers. All HVAC dampers have been inspected and cleared.  2. All residents have the potential to be affected.  3 The Maintenance Director/Designee will maintain documentation that meets NFPA 90A, 3-4.7. The Maintenance Director was educated on new life safety guidelines.  4. The HVAC damper check will be added to the Preventative Maintenance log to ensure compliance with documentation and Life Safety Code.	4/30/10	
K 130 SS=F	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Pipes, conduits, bus ducts, cables, wires, air	K 130	K 130 NFPA 101 MISCELLANEOUS  1. The Fire Barrier Walls located in the attic on East and West have been repaired.	4/30/10	

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K 130	Continued From page 4 ducts, pneumatic tubes, ducts and similar building service equipment that pass through fire barriers shall be protected as follows: (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose.  Based on observations, it was determined the facility failed to maintain the fire barriers.  The findings included:  Observations of the East and West fire barrier walls located in the attic on 3/16/10 at 11:40 am, revealed the sprinkler pipes, conduits and electrical wires were not sealed at the walls. National Fire Protection Association (NFPA) 101, 8.2.3.2.4.2  These findings were acknowledged by the administrator and verified by the maintenance supervisor at the exit conference on 3/16/10. NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in	K 130	2. All residents in the facility have the potential to be affected.  3. The fire barrier walls in the attic will be inspected monthly and documented on environmental checklist. The Maintenance Director/Designee will report upon inspection if any areas identified to the Administrator/Designee.  4. The environmental checklist will be completed monthly by the Maintenance Director and turned in to the Administrator. After contractors complete work assignment the Maintenance Director/Designee will inspect work area prior to leaving. Any repairs necessary to the fire barrier will be repaired immediately. Findings will be discussed and reported in the Safety Committee and QA monthly.		
K 144 SS=F		K 144	K 144 NFPA 101 LIFE SAFETY CODE STANDARD		

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K 144	<p>Continued From page 5 accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to provide a remote alarm for the emergency generator.</p> <p>The findings include:</p> <p>Observation on 3/16/10 at 10:46 a.m. revealed the facility failed to provide an annunciator panel with an audible alarm for the emergency generator. The panel must be located in a work site readily observable by the staff. National Fire Protection Association (NFPA) 110, 3-5.6.1</p> <p>This finding was acknowledged by the administrator and verified by the maintenance supervisor at the exit interview on 3/16/10.</p>	K 144	<p>1. The Generator Technician was notified immediately to install an annunciator panel. The panel was ordered to be installed.</p> <p>2. All residents have the potential to be affected.</p> <p>3. The annunciator panel to the generator was added to the maintenance log. The Maintenance Director/Designee will inspect the annunciator panel to the generator weekly. Any identified concerns will be reported to the Administrator immediately.</p> <p>4. The Maintenance Director/Designee will check annunciator panel to the generator weekly and report findings to the Administrator immediately. Areas of concern will be discussed weekly and addressed in Safety meeting and QA monthly.</p>		4/30/10